



MaineCare Services

An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

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MaineCare Managed Care Frequently Asked Questions

- Q. Why do I need 24-hour access coverage to become a MaineCare Primary Care Provider (PCP)?**
- A. PCP Network Services can only accept providers with a *MaineCare Managed Care approved 24-hour coverage plan*. We rely on the PCP to ensure quality care and continuity of care for the MaineCare managed care members on their patient panel by providing 24-hour access to services performed by the PCP or another MaineCare PCP.
- Q. What is acceptable coverage and how does MaineCare Managed Care know that I have 24-hour access coverage?**
- A. A 24-hour answering service or an answering machine directing the patient to a covering provider is acceptable coverage. An answering machine that directs a patient to the nearest hospital emergency department or no answering machine at all is not acceptable. The waiver requires MaineCare Managed Care to monitor the 24-hour access of the Maine managed care PCP. This monitoring usually consists of a random telephone call to the site during or after regular hours or is performed based on a complaint about the lack of 24-hour access coverage.
- Q. How often are the provider MaineCare managed care patient panels updated?**
- A. Enrollment is on the 1st and 15th of every month. Provider panel reports are mailed to provider sites twice monthly called the Enrolled/Disenrolled and complete reports are mailed once a month called Current Panel Report. Enrollment discrepancies should be reported to PCP Network Services.
- Q. Can midwives be PCP's?**
- A. No. Midwives can however see patients under a managed care provider's direction. We will notify all MaineCare managed care provider sites if there is a change in this policy.
- Q. Do I need the site referral # when I bill for my own services? How do I refer patients to other providers?**
- A. Yes, the PCP must use the site referral # on their own claims. The referral number must be in Block 17a on the CMS-1500 claim form or if you submit electronically, the number goes in Record F-Field 8-left justified. If using UB-92 claim form, the referral number must be in Field Locator 63 Line A or if you submit electronically, the number goes in Record 40, Position 28-45, PCCM#, Field 5, left justified. The referral number is a nine-digit number assigned to the PCP site by the PCP Network Services. PCP's do not need to complete a referral form for their own services; however, they must complete referral forms to other providers for all managed services. Providers or staff must complete the referral form to authorize the managed services for members on her/his MaineCare patient panel and distribute the form accordingly.
- Q. What about services that require MaineCare Prior Authorization?**
- A. You must call MaineCare Authorization Unit 800-321-5557 Extension 7-2033

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- Q. How do I obtain a supply of MaineCare managed care referral forms?**
A. PCP Network Services supplies MaineCare managed care referral forms free of cost to PCP sites. For a supply, call 866-796-2463 with your billing number and PCP site referral number.
- Q. How do I know if a MaineCare member is enrolled in MaineCare managed care?**
A. Members are required to bring their MaineCare cards to all appointments. PCP Network Services forwards PCP sites semi-monthly MaineCare patient panel updates and monthly complete MaineCare patient panel reports. While enrollment does occur on the 1st and the 15th of each month, these reports are useful in determining eligibility. You may also call MaineCare Voice Response at 1-800-452-4694 to verify eligibility. All MaineCare members have a SwipeCard where you may access eligibility information via the appropriate equipment you may have in your office.
- Q. When can a patient be billed?**
A. Patients may be billed for any unauthorized services only if they have been told prior to receiving the service. An example of an unauthorized service would be; patient had obtained services on their own without going through their PCP for a referral.
- Q. Can MaineCare managed care claims be billed electronically?**
A. Yes, as long as the PCP site managed care referral number is in Record F Field 8 Left Justified for CMS-1500 claims or Record 40 Position 28-45 PCCM# Field 5 Left Justified for UB-92's.
- Q. How is a MaineCare managed care claim processed?**
A. The automated claim processing system reviews the CMS-1500 and the UB-92 information. The first field scanned is the Insured ID number. The ID is matched with the name and date of birth (DOB) of the member. If this information matches and is correct, the system identifies the ID number as MaineCare managed care and also looks for the nine-digit PCP's MaineCare managed care referral number. If the PCP Site referral number is missing or invalid, the claim will deny.
- Q. Why are claims denied?**
A. If incorrect or missing information is found upon submission, the claims processing stops. Reasons for denied claims include the following:
- MaineCare managed care number does not match the date of service
 - UPIN numbers, no numbers, wrong numbers
 - Electronic claim missing information in appropriate record/field
 - Referral number is correct, but in the wrong box or missing
 - PCP did not authorize service
- Q. Why did the claim deny when the Exempt Diagnosis and Procedure Codes were used?**
A. Exempt Diagnosis and Procedure Codes do not require the PCP's referral number on the claim. If the claim has the correct referral number, the claim will continue processing. If the referral number is missing, the automated system scans for the exempt procedure and diagnosis codes. Claims with the correct exempt procedure and diagnosis codes will continue through the claims processing system. Members may also have exceeded their once a year service without authorization (e.g., routine eye exam) and need a referral for additional services.